COMBINED DECLARATION AND POWER OF ATTORNEY

COPY OF	FAPEHE
OFFICINAL	LY FILED

As a below named inventor, I hereby declare that:

JUL 2 2 2002

My citizenship, residence and post office address are as listed below next to my name.

I believe I am the original, first and [] sole/[X] joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: **METHOD AND APPARATUS FOR DIGITAL MEDIA MANAGEMENT, RETRIEVAL AND COLLABORATION**, the specification of which

	- ·		·		
(a) []	is attached here	eto.			
(b) [x]	was filed on Ap amended on		_ as Application Serial No.	10/063,413	and was
(c) []	was described a		rnational Application No 	<u>.</u>	filed on
includii informa	ng the claims, as ation which is ma	e reviewed and un amended by any a sterial to the patenta	edgment of Duty of Disclost derstood the content of the a mendment referred to above ability of the subject matter of Regulations § 1.56(a).	bove identifie e. I acknowle	dge the duty to disclose
365(c) insofar States acknow	of any PCT inter as the subject m or PCT internation viedge the duty to en the filing date	national application latter of each of the onal application in to disclose material	35 U.S.C. § 120 United States Code, § 120 of a designating the United State claims of this application is the manner provided by the finformation as defined in 37 tion and the national or PCT	es of America not disclosed irst paragraph CFR § 1.56 v	a, listed below and, I in the prior United n of 35 U.S.C. § 112, I which became available
PCT	/US01/26841	28 Aug 2001	Pending		
(Applicat	tion Serial No.)	(Filing Date)	(Status)(patented,pending,aband	doned)	(Patent No. if applicable)
(Applicat	tion Serial No.)	(Filing Date)	(Status)(patented,pending,aband	doned)	(Patent No. if applicable)

Power of Attorney

I hereby appoint Carl Oppedahl, PTO Reg. No. 32,746 and Marina T. Larson, PTO Reg. No. 32,038, of the firm of OPPEDAHL & LARSON LLP, having office at P.O. Box 5068, Dillon, CO 80435-5068 as attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.



DIRECT TELEPHONE CALLS TO: OPPEDAHL & LARSON LLP (970)468-6600

PATENT TRACEMEN OFFICE

Claim for Priority

I hereby claim foreign priority benefits under 35 U.S.C. § 119 (a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign applications for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

EARLIEST FOREIGN APPLICATION(S), FILED WITHIN TWELVE MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION					
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)	PRIORITY CLAIMED	CERTIFIED COPY ATTACHED
				YES[]NO[]	YES[]NO[]
FOREIGN APPLICATION(S	S), IF ANY, FILED MORE TI	AN 12 MONTHS (6 MO	NTHS FOR DESIGN) P	RIOR TO SAID APPLI	CATION
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)		

Provisional Application

I hereby claim the benefit under 35 U.S.C § 119(e) of any United States provisional application(s) listed below.

60/228,837	28 August 2000	
(application number)	(filing date)	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE	LAST NAME	FIRST NAME	MIDDLE NAME
OR FIRST INVENTOR	FLANK	SHARON	
RESIDENCE &	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE Virginia	COUNTRY OF CITIZENSHIP
CITIZENSHIP	Vienna		US
POST OFFICE ADDRESS eMotion, Inc. 2600 Park Tower Dri		CITY Vienna	STATE/COUNTRY ZIP CODE VA 22180
DATE 7 May	1 2002	SIGNATURE	h_

[x]Signature for additional joint inventor attached. Numer of Pages __1.

[] Signature by Administrator(trix) or legal representative for deceased or incapacitated inventor. Number of Pages

[] Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR § 1.47. Number of Pages ____.

NAME OF SECOND INVENTOR	LAST NAME SPERER	FIRST NAME Ruth	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE 46447 Hertzlia	STATE OR COUNTRY OF RESIDENCE Israel	COUNTRY OF CITIZENSHIP IL	
POST OFFICE ADDRESS Ha ' Shoftim 7, Apt. 45		стү 46447 Hertzlia	STATE/COUNTRY ZIP CODE Israel	
DATE		SIGNATURE		
NAME OF THIRD INVENTOR	LAST NAME ROMER	FIRST NAME Donna	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE Houston	STATE OR COUNTRY OF RESIDENCE Texas	COUNTRY OF CITIZENSHIP US	
POST OFFICE ADDRESS 2111 Welch St. #B-301		CITY Houston	STATE/COUNTRY ZIP CODE Texas 77019 USA	
DATE 5/20/02		SIGNATURE DOMANAMENTER		
NAME OF FOURTH INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP	
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POST OFFICE ADDRESS	S	СПҮ	STATE/COUNTRY ZIP CODE	
	S	CITY	STATE/COUNTRY ZIP CODE	
POST OFFICE ADDRESS	LAST NAME		STATE/COUNTRY ZIP CODE MIDDLE NAME	
POST OFFICE ADDRESS DATE NAME OF FIFTH		SIGNATURE		
POST OFFICE ADDRESS DATE NAME OF FIFTH INVENTOR RESIDENCE &	LAST NAME CITY OF RESIDENCE	SIGNATURE FIRST NAME	MIDDLE NAME	

Ø 007

EMTN.P-001-5

COMBINED DECLARATION AND POWER OF ATTORNEY

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States acknown between application applications applications and applications are acknown as a second application applications are acknown as a second application	wledge the duty ten the filing date ation: 7US01/26841	of the prior application of the prior applicat	cation and the national or PCT	CFR§ 1.56 international	which became available filing date of this
States acknow between	wledge the duty t en the filing date	o disclose materi of the prior appli	al information as defined in 37 cation and the national or PCT	CFR § 1.56	which became available
365(c)	of any PCT inter as the subject n	mational applicat natter of each of I onal application (35 U.S.C. § 120 United States Code, § 120 of ion designating the United Stathe claims of this application is in the manner provided by the	ites of Americ not disclose	a, listed below and, d in the prior United
includi inform	ng the claims, as ation which is ma	re reviewed and of amended by an atterial to the pate	wiedgment of Duty of Disck understood the content of the y amendment referred to abov ntability of the subject matter at Regulations § 1.56(a).	above identifi e. I acknowie	edge the duty to disclose
(c)[]	was described and amended		ternational Application No		filed on
	was filed on <u>Ar</u> amended on _	nil 21, 2002	as Application Serial No.	10/063,413	and was
(b) [x]					
(a) [] (b) [x]	is attached her	eio.			

Power of Attorney

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EMTN.P-001-5

Claim for Priority

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SAID APPLICATI	ON				
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)	PRIORITY CLAMED	CERTIFIED COPY ATTACHED
				YES[] NO[]	YES[] NO[]
FOREIGN APPLICAT	ION(S), IF ANY, FILED MORE T	HAN 12 MONTHS (6 M	ONTHS FOR DESIGN) P	RIOR TO SAID APPLE	CATION
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)	<u> </u>	

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60/228,837	28 August 2000
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that wilkul false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE	LAST NAME	FIRST NAME	MIDDLE NAME
OR FIRST INVENTOR	FLANK	SHARON	
HESIDENCE &	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE Virginia	COUNTRY OF CITIZENSHIP
CITIZENSHIP	Vienna		US
POST OFFICE ADDRESS eMotion, Inc. 2600 Park Tower Dr		. CITY Vienna	STATE/COUNTRY Z# CODE VA 22180
DATE 7 May 2002		SIGNATURE	

[x]Signature for additional joint inventor attached. Numer of Pages __1.

[] Signature by Administrator(trix) or legal representative for deceased or incapacitated inventor. Number of Pages _____.

[] Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR § 1.47. Number of Pages ____.

EMTN.P-001-5

NAME OF SECOND INVENTOR	LAST NAME SPERER	FIRST NAME Ruth	MIDDLE NAME
REMDENCE & CITIZENSHIP	CITY OF RESIDENCE 46447 Hertzlia	STATE OR COUNTRY OF RESIDENCE ISFAEL	COUNTRY OF CITIZENSHIP IL
POST OFFICE ADDRESS Ha ' Shoftim 7, Apt. 45		CMY 46447 Hertzlia	STATE:COUNTRY ZIP CODE Islaei
DATE 6/	13/02	SIGNATURE THAT	
NAME OF THIRD INVENTOR	LAST NAME ROMER	FIRST MANUE	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE Houston	ATE OR COUNTRY OF RESIDENCE EXEC	COUNTRY OF CITIZENSHIP US
POST OFFICE ADORESS 2111 Welch St. #8-3		City . Houston	STATE/COUNTRY ZIP CODE Texas 77019 USA
DATE 5/24	102	SIGNATURE DIMMANLE	ner
NAME OF FOURTH INVENTOR	LAST NAME	FIRST NAME	MIDOLE NAME
RESIDENCE & CITUFNISHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS	S	cny	STATE/COUNTRY ZIP CODE
DATE		SIGNATURE	
NAME OF FUTTH INVENTOR	LASTINALIE	FIRST NAME	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CRY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRES	s	СПУ	STATE/COUNTRY ZIP CODE
DATE		SIGNATURE	